

Foster Family Home - Corrective Action Report

Provider ID: 1-160097

Home Name: Lea Daguro, CNA

Review ID: 1-160097-3

98-111 Lania Way

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 11/18/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/18/19.

PCG requests to increase to a 3 client CCFF. Corrective Action Report issued during home inspection with all items due to CTA by 12/18/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - 2nd year APS/CAN and fingerprints done on 7/16/19 for CG #2. Expired on 12/30/17. 2nd year APS/CAN and fingerprints done on 9/9/19 for HHM #1. Expired on 3/30/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #2.

41.(c) - No in-service training (8 Hours) for CG #2 for 2018.

41.(f)(1) - No current TB clearance for HHM #1. Expired on 3/27/19.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #2 did not lead a fire drill in the last 2 years.

Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c) - No medication side effects information present for Client #1 and Client #2.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Lea Daguro

CCFFH Address: 98-111 Lania Way, Aiea, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(2)	I showed CTA current AAS/CAN and fingerprints for CG #2 and HHM #1 on the day of my recertification.	11/18/19	I made a list of expiration dates for AAS/CAN, fingerprints TB and bloodborne pathogen for all CG's and HHM's. I put the list on the front of my CCFFH binder. I will check them every month.
41.(b)(8)	I received a current bloodborne pathogen certificate for CG #2 and a TB clearance from HHM #1. I put them on my CCFFH binder.	11/25/19	
41. C	I have scheduled In-service training	11/20/19	I will make sure all CG's have 8 or 12 hours of Inservice training every year.

Primary Caregiver's Signature: _____

Print Name: Lea Daguro

Date of Signature: 12/10/2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Lea Daguro

CCFFH Address: 98-111 Lania Way, Aiea, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46. (a)	I have scheduled CG#2 to lead a fire on 11/19/19	11/20/19	I have scheduled all CG's to lead a fire drill at least once a year.
47. (c)	I got side effect info - sheets from the internet for all medications for client #1 and client #2. I put them in the charts.	11/20/19	I will print out the side effect sheet from the internet everytime the client get a new medication or on admission.

Primary Caregiver's Signature: 

Print Name: Lea Daguro

Date of Signature: 12/11/2019